



## OKLAHOMA ABSTRACTORS BOARD

### *APPLICATION CHECKLIST* Renewal of Abstractors License

**NOTICE:** Applicants are advised to carefully read and understand the Oklahoma Abstractors Act, Title 1 of the Oklahoma Statutes, and the Oklahoma Administrative Code: Rules and Regulations governing the Oklahoma Abstractors Board, Title 5.

**WARNING:** False statements on your application or accompanying documents, and/or non-compliance with the above rules, regulations and/or statutes are cause for revocation of Abstractors License and/or fines and penalties under the Rules.

In order to process your application, every item on this checklist must be included and completed. **WARNING:** Failure to comply with all requirements listed below could result in a delay of your application.

- ( ) **Completed Application.** Did you complete every question on the application form?
- ( ) **Signed and Notarized.** Is your application appropriately signed and notarized?
- ( ) **Completed Oklahoma Tax Commission State of Compliance.** Is it signed and dated?
- ( ) **Application Fee.** Did you enclose the proper fee amount for your Application for Renewal of Abstractors License?  
**NOTE: Fee amounts have increased – see below:**  
  
“For all or any part of calendar year 2008 and for the following calendar years each renewal application for an individual abstract license shall be accompanied by a fee of One Hundred Fifty Dollars (\$150.00).”
- ( ) **Proper Signature and Payee** Is your check properly signed? Is the payee shown as “Oklahoma Abstractors Board”
- ( ) **Completed Verification of U.S. Citizenship.** This is a new form required by 71 O.S. Section 56 entitled the Oklahoma Taxpayer and Citizen Protection Act of 2007. Please choose Option 1 or 2 as applicable, date, execute, and have your signature notarized.



## OKLAHOMA ABSTRACTORS BOARD

2401 N.W. 23<sup>rd</sup> Street, Suite 60B  
P.O. Box 700076  
Oklahoma City, OK 73107  
Phone: (405) 522-5019  
Fax: (405) 522-5503

### APPLICATION FOR RENEWAL OF ABSTRACT LICENSE

*All information submitted will be a matter of public record.*

All questions must be answered completely. Send Application Fee with this application. Make check payable to **Oklahoma Abstractors Board**. License will be valid for one (1) year. Return complete form with fee to address above.

If licensee leaves the employ of this certificate holder or permit holder, or changes employment to another holder of a certificate of authority or permit, he shall so inform the Oklahoma Abstractors Board in writing 10 days of the action.

In compliance with the Oklahoma Abstractors Act, I hereby make application for renewal of my Abstract License and make the following statements under oath:

1. Full Legal Name: \_\_\_\_\_  
(maiden name / other )

Abstractor License No. \_\_\_\_\_

2. Residence address \_\_\_\_\_  
(No P.O. Box) Street City State Zip

Mailing address, if different: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_

3. Employer (Abstract Company) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_ Length of Employment \_\_\_\_\_

4. Must be 18 years of age or older.

Date of Birth: \_\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_

5. City / County in which you are an actual resident: \_\_\_\_\_

6. County / Counties in which you are applying for an Abstract License: \_\_\_\_\_

Address / Addresses where you will be working: \_\_\_\_\_

7. Have you been convicted of or pleaded guilty or nolo contendere to a felony or crime of moral turpitude in this state, another state, or a federal court, or are any charges pending? Yes \_\_\_ No \_\_\_

If answer is Yes, give complete details \_\_\_\_\_

8. Has there been a change in your employment since your last Abstract License was renewed? Yes \_\_\_ No \_\_\_ If answer is yes, give complete details \_\_\_\_\_

I have carefully read the Oklahoma Abstractors Act, as amended, governing said abstractors. I agree that I will conform to the law and regulations. I certify that all answers given in this application are factual and true to the best of my knowledge and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Employer (Name and Title)

STATE OF OKLAHOMA )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

NOTE: FALSE STATEMENT IN THIS APPLICATION IS CAUSE FOR REVOCATION OF LICENSE

To be used by Oklahoma Abstractors Board only

1. Proper Application Fee [ ] Yes [ ] No

2. Employer Check [ ] Yes [ ] No

3. OSBI / OTC Background Check [ ] Yes [ ] No

4. License Issued \_\_\_\_\_ License Number \_\_\_\_\_

5. Employment changed to \_\_\_\_\_

Remarks and questions: \_\_\_\_\_

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_



**OKLAHOMA TAX COMMISSION  
STATEMENT OF COMPLIANCE  
FOR LICENSE APPLICANTS**

Licensing Agency: **Oklahoma Abstractors Board**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

\_\_\_\_\_ I certify that, to the best of my knowledge, I am in compliance with the income tax laws of the State of Oklahoma.

\_\_\_\_\_ I have not had an Oklahoma income tax filing requirement for the past three years for the following reason:

\_\_\_\_\_ I was not a resident of the State of Oklahoma

\_\_\_\_\_ I received no taxable income

\_\_\_\_\_ Other \_\_\_\_\_

Under penalties of perjury, I declare that to the best of my knowledge and belief, the above is true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please forward this form upon signature to the Oklahoma Tax Commission*